

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**  
**DOMESTIC VIOLENCE ASSISTANCE PROGRAM**  
**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** DV09191414      **DATE OF SITE VISIT:** 3/23-3/24/10
2. **GRANT PERIOD:** July 1, 2009- June 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:** Domestic Violence Solutions for Santa Barbara County
4. **PROJECT DIRECTOR:** Kim Barnet

---

---

**PERSONS INTERVIEWED DURING SITE VISIT:**

<u><b>NAME</b></u>	<u><b>TITLE</b></u>	<u><b>AGENCY</b></u>
Crystal Martinez	Staff Accountant	DV Solutions for SB County
Roberta Weighill	Controller	DV Solutions for SB County
Nic Daniel	Grants Manager	DV Solutions for SB County
Marsha Marcoe	Director of Development	DV Solutions for SB County

\_\_\_\_\_  
Signature of Program Specialist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Section Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Project Representative

\_\_\_\_\_  
Date

6/23/2010

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

<b>A. ADMINISTRATIVE REVIEW</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>N/A</u></b>
---------------------------------	-------------------	------------------	-------------------

**1. OPERATIONAL DOCUMENTS**

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget,<br>OMB Circulars which govern your organization? Circulars may be<br>found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

**2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATION (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY**

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Does the certificate show:   |                          |                                     |                          |
| ○ Bonding company name   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond number  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Description of coverage  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Amount of coverage (50% of allocation)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Bond period  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Grant award number   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Employee Dishonesty, Form A  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Forgery Coverage, Form B   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ○ Is the State of California, California Emergency<br>Management Agency named on the bond as the beneficiary?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

**3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)**

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| • Does the project have their CEQA documentation on file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

**4. PROOF OF AUTHORITY (R.H. Section 1350)**

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? *Ask for copy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|

Comments:

**5. ORGANIZATIONAL CHART**

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

A. ADMINISTRATIVE REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
--------------------------	------------	-----------	------------

- Review the organizational chart. Are all budgeted positions identified? ☒ ☐ ☐

Comments:

### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*) ☒ ☐ ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments: TA was provided and a Mod was created for the purposes of changing project contact information.

### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130] ☒ ☐ ☐
- Do policies include:
  - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions ☐ ☒ ☐
  - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☐ ☒ ☐
  - Work hours ☒ ☐ ☐
  - Compensation rates ☒ ☐ ☐
  - Overtime ☒ ☐ ☐
- Did the Board approve the agency's current personnel policy? ☒ ☐ ☐

Comments: The agency has recently revised its Employee Handbook. However, the revised version lacks a Drug Free Workplace statement that is separate from the acknowledgement of the conditions of the handbook.

### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☐ ☒ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the ☒ ☐ ☐

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

YES NO N/A

staff and supervisor)

Comments: The agency is using multiple time sheets. Two of the shelters use a time sheet that tracks activities, but it functions as more of a log and is separate from the time sheet. One shelter (Santa Barbara) has discontinued use of the activities timesheet (which is the closest existing time sheet to the required functional timesheet.).

### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction?

☐ ☒ ☐

  - Name of individual who approves purchases.  
Richard Kravetz
  - Name of individual who writes checks.  
Monica prints the checks. Crystal codes the payments.
  - Name of individual(s) who signs checks.  
Richard signs the checks.

Comments: Only Richard's signature is needed on purchases less than \$5,000. Richard could theoretically request a check for \$4,999, have it printed and then sign it without oversight.

### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)?

☒ ☐ ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds?

☐ ☐ ☒

Comments:

### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant?

☐ ☒ ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?

☒ ☐ ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?

☒ ☐ ☐
- Is the project up-to-date with the submission of Cal EMA Form 2-201?

☒ ☐ ☐

Comments: See note above on Modification.

### 12. MATCH REQUIREMENTS

- Does the project have a match requirement?

☒ ☐ ☐

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

<b>A.</b>	<b>ADMINISTRATIVE REVIEW</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>N/A</u></b>
	<ul style="list-style-type: none"><li>Is the project meeting the match requirement?</li></ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"><li>Review the supporting documentation to substantiate cash or in-kind match.</li></ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**13. EEO POLICY**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| <ul style="list-style-type: none"><li>Go over EEO checklist. (Separate document)</li></ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### B. PROGRAMMATIC REVIEW

YES NO N/A

#### GENERAL

##### 1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? ☒ ☐ ☐
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? ☐ ☒ ☐

Comments:

##### 2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

##### 3. SOURCE DOCUMENTATION – Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? ☐ ☒ ☐
- Review the project's file system and data collection process.

Comments: The project is currently transitioning to "Alice" for the purpose of tracking stats. No written policy currently exists for the collection and tracking of data.

##### 4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement (three years in length)? ☐ ☒ ☐

Comments: The projects Operational Agreements were in place for six years. They are currently in the process of renewing the OAs, which are set to expire June 30, 2010.

##### 5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
------------------------------------	------------	-----------	------------

### DIRECT SERVICES

**1. Maintain 24-hour crisis hotline**

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Crisis line staffed 24 hours a day, 7 days a week.                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on progress report (PR). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

**2. Counseling to adult DV victims**

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| • Free individual and group counseling provided to adult DV victims.    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • If counseling referred, OA on file with service providers.            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

Comments: Victims are being assessed a fee for counseling that is charged on a pro-rated basis.

**3. Business Center**

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Business center open during routine business hours.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Staff coverage provided during lunchtime and staff meetings.          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: No written policy exists to ensure data collection is accurate.

**4. Emergency Shelter**

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| • Physical shelter exists   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Emergency shelter provided to DV victims and their children 24 hours per day. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Victims and children with disabilities accommodated.                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Children's services provided.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Accommodations for schooling made while children are in shelter.              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Written protocol for reporting suspected child abuse in place.                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Documentation procedures ensure accurate statistical data on PR.              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: See notes on data collection.

**5. Emergency food and/or clothing**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Emergency food and/or clothing provided to DV victims and their children. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C. SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<ul style="list-style-type: none"> <li>• If emergency food and/or clothing is referred, OA on file with service providers.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
6. 24 hour emergency response to Law Enforcement (LE)			
<ul style="list-style-type: none"> <li>• Written protocol in place to address LE referrals.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Current OA on file with local LE.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments: The shelter in Lompoc has been receiving a decreasing number of calls from local law enforcement. This issue was discussed with Kim Barnett, who will be contacting the local agencies to address the issue.			
7. 24 hour response to hospital emergency rooms			
<ul style="list-style-type: none"> <li>• Written protocol in place to address emergency room referrals.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Current OA on file with local emergency rooms.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
8. 24 hour transportation to shelter or other safe location			
<ul style="list-style-type: none"> <li>• Emergency transportation provided 24/7 to shelter to other safe location.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
9. Counseling to children of DV victims			
<ul style="list-style-type: none"> <li>• Free, age-appropriate counseling provided to children of DV victims.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If counseling is referred, OA on file with service providers.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Documentation procedures ensure accurate statistical data on PR.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: See notes on pro-rated fees for counseling.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
----	---------------------------------	------------	-----------	------------

### 10. Court and Social Service Advocacy for DV victims

- Victim advocacy to social services agencies provided.
- Court accompaniment provided.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 11. Legal Assistance

- Legal assistance with TRO's and other protective and/or custody orders.
- If legal assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 12. Local community services

- Involvement in local DV Council or other collaborative partnerships.
- Referrals made to other agencies in the DV services network.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

### 13. Household establishment

- DV victims receive assistance establishing a new residence.
- If household establishment assistance is referred, OA on file with service providers.
- Documentation procedures ensure accurate statistical data on PR.
- Meeting objective as proposed in Grant Award Agreement/Cal EMA 2-101.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## 40-HOUR TRAINING

1. Can the project ensure advocates working with victims meet the requirements of a "domestic violence counselor" pursuant to Evidence Code §1037.1(a)(1)?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
	2. Does the project have a current Training Summary/Training Syllabus which meets the requirements of Training Curriculum Resource and Development Guide?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

### ADDITIONAL REQUIREMENTS

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Do the written policies pertaining to the provision of all services are inclusive of all domestic violence victims and their children per the RFA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide alternative shelter and other services through motel vouchers and referrals, to the best of their abilities, to all victims of domestic violence served through this program per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project have a children's program in their shelter facility per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project make arrangements for school aged children to continue their education during their stay at the shelter per the RFA? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

- |   |                          |                                     |                          |
|---|--------------------------|-------------------------------------|--------------------------|
| 5. Does the project have a documented policy for the handling and storage of confidential client information per the RFA? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

Comments:

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 6. Does the project have adequate policy and procedures, approved by the Board of Directors, to protect the agency from legal liability, including:   |                                     |                          |                          |
| • Up to date bylaws which specify minimum/maximum number of, and formal process for selecting, members of the Board of Directors;   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Up to date personnel policies which include grievance procedures, leave policies, work hour and benefit policies, regular staff evaluations, and policies for setting salaries and increases. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

C.	SUBLEMENTAL PROGRAMMATIC REVIEW	<u>YES</u>	<u>NO</u>	<u>N/A</u>
----	---------------------------------	------------	-----------	------------

NOTES:

California Emergency Management Agency

# EEO CHECKLIST - B

<b>For Federally Funded CBOs and All State Funded Recipients (Monitoring/Site Visits)</b>
---

<b>RECIPIENT(s):</b>	<u>Domestic Violence Solutions for Santa Barbara County</u>
<b>IMPLEMENTING AGENCY:</b>	<u>Domestic Violence Solutions for Santa Barbara County</u>
<b>GRANT AWARD #(s):</b>	<u>DV09191414</u>
<b>FEDERAL \$:</b>	<u>\$147,435</u>
<b>STATE \$:</b>	<u>\$182,021</u>
<b>CONTACT PERSON AT SITE:</b>	<u>Roberta Weighill</u>
<b>TELEPHONE #:</b>	<u>805-963-4458 ext 14</u>
<b>E-MAIL ADDRESS:</b>	<u>robertaw@dvsolutions.org</u>

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (CalEMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by CalEMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

**California Emergency Management Agency**

# EEO CHECKLIST - B

<input type="checkbox"/>	<p><b>1. EEO POLICY</b> - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.</p> <p>YES     <input checked="" type="checkbox"/>     (Request a copy of the policy and indicate if has been issued to staff.)</p> <p>NO      <input type="checkbox"/>      (Provide attachment 1B)</p>
<input type="checkbox"/>	<p><b>2. SEXUAL HARASSMENT POLICY</b> - A current policy specifically stating all employees have a right to work in an environment free from all forms of discrimination, including sexual harassment, retaliation and hostile work environment.</p> <p>YES     <input checked="" type="checkbox"/>     (Request a copy of the policy.)</p> <p>NO      <input type="checkbox"/>      (Provide attachment 2B)</p>
<input type="checkbox"/>	<p><b>3. DISCRIMINATION COMPLAINT PROCEDURE</b> - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?</p> <p>YES     <input checked="" type="checkbox"/>     (Request a copy of the procedure.)</p> <p>NO      <input type="checkbox"/>      (Provide attachment 3B)</p>
<input type="checkbox"/>	<p><b>4. NONDISCRIMINATION POSTER</b> - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.</p> <p>YES     <input checked="" type="checkbox"/></p> <p>NO      <input type="checkbox"/>      (Provide attachment 4A)</p>
<input type="checkbox"/>	<p><b>5. PUBLICATIONS</b> – Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?</p> <p>YES     <input type="checkbox"/>     (Request copy of document)</p> <p>NO      <input checked="" type="checkbox"/></p>
<input type="checkbox"/>	<p><b>6. COORDINATOR</b> - Has the recipient identified a person responsible for coordinating complaints?</p> <p><b>NAME:</b>     Roberta Weighill</p> <p><b>TITLE:</b>     Controller</p> <p><b>PHONE:</b>   805-963-4458 ext 14     <b>E-MAIL:</b>   robertaw@dvsolutions.org</p>

# California Emergency Management Agency

## EEO CHECKLIST - B

<input type="checkbox"/>	<b>7. FINDINGS OF DISCRIMINATION</b> – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.). YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/>	<b>8. ALLEGATIONS OF DISCRIMINATION</b> – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/>	<b>9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy</b> - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public. YES <input type="checkbox"/> (Request a copy) NO <input checked="" type="checkbox"/> (provide attachment 10A)
<input type="checkbox"/>	<b>10. LIMITED ENGLISH PROFICIENCY (LEP)*</b> – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc. YES <input type="checkbox"/> (Request a copy) NO <input checked="" type="checkbox"/> (provide attachment 11A)

\*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

I hereby certify this EEO Checklist is accurate and complete to the best of my knowledge.

**PROGRAM SPECIALIST NAME:** Jason Stalder

**PROGRAM SPECIALIST TELEPHONE:** 324-9104

**DATE:** 4/1/10

### **COMMENTS:**

The project has recently revised its Employee Handbook (attached). However, no provision currently exists for reasonable accommodations for those with disabilities or any policy for handling those with LEP.

Upon completion, please send a copy of this checklist to Lisa Abila, EEO Compliance Officer, CalEMA Headquarters.